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DECLARATION FOR		First Named Inventor	Crow, N.	David
DESIGN		COMPLETE IF KNOWN		
PATENT APPLICATION (37 CFR 1.63)		Application Number		
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date		
Declaration Submitted OR with Initial Filing		Art Unit		
		Examiner Name		
As the below named inventor, I here				
My residence, mailing address, and citizenship are as stated below next to my name.				
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
T Believe Tain the original and that it and the control of the con				
OCCLUSAL MARKING SYSTEM AND METHOD OF USE				
(Title of the Invention)				
the specification of which				
Is attached hereto				
OR				
was filed on (MM/DD/YYYY)		as United States Ap	pplication Number	or PCT International
Application Number and was amende		ed on (MM/DD/YYYY)		(if applicable).
- Aprilation Name				(
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose info applications, material information whice international filing date of the continua	h became available betwee	o patentability as defined in 3 in the filing date of the prior i	37 CFR 1.56, inclu application and the	iding for continuation-in-part enational or PCT
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(s) States of America, fisted below and his breeder's rights certificate(s), or any claimed.	under 35 U.S.C. 119(a)-(d) a) of any PCT international save also identified below, b	application which designat	ed at least one or	ountry other than the United
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MW/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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PTO/SB/01 (10-01)

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## DECLARATION — Utility or Design Patent Application Correspondence address below **Customer Number** OR Direct all correspondence to: or Bar Code Label Christopher A. Wiklof Name 3531 99th St. SE 98208 Address, WA Everett State 425-415-6795 City 425-337-2878 USA Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the reality of the popularities or any patent issued thereon. Country validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Crow Given Name N. David Family Name or Surname (first and middle [if any]) Inventor's Signature US **USA** ID Cocolalla Citizenship Country State Residence: City 290 Terrace Drive Mailing Address 83813 **USA** 1D Cocolalla Country ZIP State A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name or Sumame (first and middle [if any]) inventor's Signature Citizenship Country State Residence: City **Mailing Address** Country ZIP supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Additional inventors are being named on the